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ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

NAME AND ADDRESS OF EXISTING PERMITTEE

SANTA FE MINERALS
4500 ONE WILLIAMS CENTER
TULSA OKLAHOMA 74172

NAME AND ADDRESS OF SURFACE OWNER

RUSSELL JARVIS & NORMA GRACE
(b) (6)

LOCATE WELL AND OUTLINE UNIT ON
SECTION PLAT — 840 ACRES

(b) (9)

STATE

OK

COUNTY

OSAGE

EPA ASSIGNED FORM #

4652

SURFACE LOCATION DESCRIPTION

% OF

% OF

(b) (9)

LOCATE WELL IN TWO DIRECTIONS FROM NEAREST CORNERS OF QUARTER SECTION AND DRILLING UNIT

Surface

Locs (b) (9)

and

3419

WELL ACTIVITY

TYPE OF AUTHORIZATION

☒ Brine Disposal

☒ Individual

☐ Enhanced Recovery

☐ Area

☐ Hydrocarbon Storage

Number of Wells _____

Lease Name Avant

Well Number 19

JAN 31 1986

INJECTION PRESSURE

TOTAL VOLUME INJECTED

TUBING — CASING ANNULUS PRESSURE
(OPTIONAL MONITORING)

MONTH	YEAR	AVERAGE PSIG	MAXIMUM PSIG	BBL	MCF	MINIMUM PSIG	MAXIMUM PSIG
1-85		0	0	TA			
2-85							
3-85							
4-85							
5-85							
6-85							
7-85							
8-85							
9-85							
10-85							
11-85							
12-85							

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

NAME AND OFFICIAL TITLE (Please type or print)

Ken W. Bolt, Jr.
Sr. Production Engineer

SIGNATURE

KW Bolt Jr

DATE SIGNED

1-30-86